



## Medical PA Criteria Document

Medical Procedure Class:	<b>CT Chest</b>
Date:	July 17, 2006
Updated:	January 1, 2008

### Executive Summary

<b>Purpose:</b>	To encourage more appropriate utilization and resource management of costly diagnostic imaging studies, in this case computerized tomography imaging of the chest.
<b>Why was this Issue Selected:</b>	<p>An analysis of Missouri Medicaid claims data has identified imaging of the chest as one of the most highly utilized diagnostic imaging exams performed. From Oct 2004-Sept 2005, the State spent over \$4.5 million for over 21,000 of these high cost, high-test studies. The results of utilization management programs have suggested that a meaningful percentage of such exams are ordered inappropriately due to any of the following:</p> <ul style="list-style-type: none"><li>• The absence of appropriate clinical indications, e.g. established diagnoses or signs and symptoms</li><li>• The absence of initial and appropriate screening exams, e.g. prior Chest X-ray</li><li>• Layering and redundancy of prior and recent definitive exams, CT, MRI or otherwise</li></ul>

<b>Procedures subject to Pre-Certification</b>	<ul style="list-style-type: none"> <li>• 71250 Computed tomography, thorax; without contrast material</li> <li>• 71260 Computed tomography, thorax; with contrast material(s)</li> <li>• 71270 Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections</li> <li>• 71275 Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing</li> </ul>
--	--

<b>Setting &amp; Population:</b>	All Medicaid fee-for-service patients
----------------------------------	---------------------------------------

<b>Type of Criteria:</b>	<input type="checkbox"/> Increased risk of ADE <input type="checkbox"/> Appropriate Indications	<input checked="" type="checkbox"/> Non-Preferred Agent <input type="checkbox"/>
--------------------------	--	---

<b>Data Sources:</b>	<input type="checkbox"/> Only administrative databases <input checked="" type="checkbox"/> Databases + Prescriber-supplied
----------------------	---

## Setting & Population

- Procedure Group for review: Computed Tomography of the Chest
- Age range: All patients

## Approval Criteria

- Diagnosis of Pneumonia with > 4 weeks of antibiotic therapy
- Pulmonary Embolus, Hemoptysis or Superior Vena Cava Syndrome without history of CT Chest in previous 6 weeks
- Diagnosis of Suspected or known tumor
- Documented Lung Screening
- Emergency/Trauma claims and Inpatient claims will not require above criteria

## Denial Criteria

- History of CT Scan of chest in previous 60 days
- Absence of Chest X-Ray in previous 30 days
- Absence of Antibiotic therapy with diagnosis of Pneumonia
- Previous CT Scan of chest with diagnosis of Pulmonary Embolus, Hemoptysis or Superior Vena Cava Syndrome
- Absence of Tumor and no history of Lung Cancer Screening